

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee JD Johannes		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014	
Mailing Address 2318 SW Brairwood		Amount 12500.00	
City Topeka	State KS	Zip Code 66611	Transaction ID : SE.4166
Purpose of Expenditure Media Production		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		12500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee STARadio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014	
Mailing Address 329 Maine		Amount 34560.00	
City Quincy	State IL	Zip Code 62301	Transaction ID : SE.4161
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		89640.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47060.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Tom Donelson</i>		Date M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014	
		[Electronically Filed]	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WDWS		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 2301 S. Neil St.		Amount 22680.00	
City Champaign	State IL	Zip Code 61820	Transaction ID : SE.4162
Purpose of Expenditure Media Placement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 22680.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WIRL		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 331 Fulton #1200		Amount 32400.00	
City Peoria	State IL	Zip Code 61602	Transaction ID : SE.4160
Purpose of Expenditure Media Placement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 55080.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55080.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Tom Donelson

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Date

MM / DD / YYYY
04 / 30 / 2014

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Withers Broadcasting		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 1822 N. Court St.		Amount 24840.00	
City Marion	State IL	Zip Code 62959	Transaction ID : SE.4158
Purpose of Expenditure Media Placement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 16 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 126980.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24840.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	126980.00

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Tom Donelson

[Electronically Filed]

Date

MM	DD	YYYY
04	30	2014

Signature